

170646

000033

EXHIBIT 'A'



Identify and describe all property or possible evidence recovered at the end of the Narrative in column form. Show exactly where found, when found, who found it and its description (include Property Inventory numbers). If property taken was scribed for Operation Identification, indicate I.D. number at end of Narrative. Offender's approximate description, if possible, should include name if known, nickname, sex, race code, age, height, weight, color eyes & hair, complexion scars, marks, etc. If suspect is arrested, give name, sex, race code, age, C.B. or I.R. number, if known, and state "In Custody."

SUPPLEMENTARY REPORT

All descriptions and statements in this entire report are approximations or summarizations unless indicated otherwise.

4. DATE OF ORIG. OCCURRENCE—TIME
* DAY MO. YR.
8TB8 26 Jan 86 1423

1. OFFENSE/CLASSIFICATION LAST PREVIOUS REPORT Damage to Real Property/Fire				1-UCR OFF. CODE 5091		2. ADDRESS OF ORIG. INCIDENT/OFFENSE 1322 N Western				3. SEAT OF OCCUR. 1423									
5. VICTIM'S NAME AS SHOWN ON CASE REPORT CHEM-A				CORRECT <input type="checkbox"/> 1 YES <input checked="" type="checkbox"/> 2 NO		IF NO, CORRECT ALL VICTIM INFORMATION IN BOXES 20 THROUGH 27.				6. FIRE RELATED <input checked="" type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		7. BEAT/UNIT ASSIGNED 5813							
8. TYPE OF LOCATION OR PREMISE WHERE INCIDENT/OFFENSE OCCURRED Chemical Company						LOCATION CODE 290		9. NO. OF VICTIMS 1		10. NO. OF OFFENDERS None									
11. <input type="checkbox"/> VERIFIED <input type="checkbox"/> UPDATE TO		12. OBJECT/WEAPON CODE NO.		13. FIREARM FEATURES CODE NO.		14. POINT/ENTRY CODE NO.		15. POINT/EXIT CODE NO.		16. BURGLAR ALARM CODE NO.		17. SAFE BURGLARY METHOD CODE NO.		18. IF RESIDENCE WHERE OCCUP. CODE NO.					
19. DESCRIBE PROPERTY IN NARRATIVE T - TAKEN; R - RECOVERED														FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE ORIGINAL CASE REPORT OR THE LAST PREVIOUS SUPPLEMENTARY REPORT.					
PROPERTY VERIFIED <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		1 MONEY <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		2 JEWELRY <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		3 FURS <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		4 CLOTHING <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		7 OFFICE EQUIPMENT <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		8 TV, RADIO, STEREO <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		10. NO. OF OFFENDERS None					
9 HOUSEHOLD GOODS <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		10 CONSUM. GOODS <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		11 FIREARMS <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		12 NARC/DANGEROUS DRUGS <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		5 OTHER <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R		6 NONE <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> R									
20. NAME (LAST-FIRST-M.I.) A-CHEM				21. I-UCR OFFENSE CODE		22. HOME ADDRESS (NO., DIR., STREET, APT. NO.)				23. SEX-RACE-AGE CODE		24. HOME PHONE		25. BUSINESS PHONE		26. IN-ARREST YES NO		27. VICTIM REL. CODE	
28. OFFENDER'S NAME (OR DESCRIBE CLOTHING, ETC.)				29. HOME ADDRESS				30. SEX-RACE-AGE CODE		HEIGHT		WEIGHT		EYES		HAIR		COMPL.	
31. C.B. NO.				I.R. NO., Y.D. NO. OR J.D.A. NO.		OFFENDER REL. CODE		C.B. NO.		I.R. NO., Y.D. NO. OR J.D.A. NO.		OFFENDER REL. CODE		REST. UNIT NO.					
33. OFF'S. VEHICLE YEAR MAKE BODY STYLE COLOR V.I.N.				STATE LICENSE				STATE											
<input type="checkbox"/> USED <input type="checkbox"/> STOLEN																			

**BOMB-ARSON
CLOSED**

34. SERIAL NOS. OR IDENTIFICATION NOS. <input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED				LIST ALL CORRECTIONS & NEW OR ADDITIONAL NOS. OBTAINED IN NARRATIVE											
FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY (BOXES 21 & 50 THROUGH 55)															
50. OFFENSE/CLASS. THIS DATE (IF SAME ENTER DNA) DNA				REV. CODE		51. METHOD CODE		52. METHOD ASSIGNED <input checked="" type="checkbox"/> 1 FIELD <input type="checkbox"/> 3 SUMMARY		UNIT NO.		53. STATUS <input type="checkbox"/> 0 PROGRESS <input type="checkbox"/> 1 SUSPENDED <input type="checkbox"/> 2 UNFOUNDED			
US CONT'D. <input type="checkbox"/> 3 CLRD. CLOSED <input type="checkbox"/> 4 CLRD. OPEN <input type="checkbox"/> 5 EXC. CLRD. CLOSED <input type="checkbox"/> 6 EXC. CLRD. OPEN <input checked="" type="checkbox"/> 7 CLSD. NON-CRIM.				54. IF CASE CLEARED, HOW CLEARED <input type="checkbox"/> 1 ARREST & PROSEC. <input type="checkbox"/> 2 DIRECTED TO JUV. CRT. <input type="checkbox"/> 3 COMPL. REFUS. TO PROSECUTE <input type="checkbox"/> 4 COMMUNITY ADJUSTMENT <input type="checkbox"/> 5 OTHER EXCEPT. <input type="checkbox"/> ADULT <input type="checkbox"/> JUV											
55. <input type="checkbox"/> FOR SUMMARY CASES ONLY - THE ORIGINAL CASE REPORT IS SUBSTANTIALLY CORRECT, AND CONTACT WITH THE VICTIM HAS DISCLOSED NO ADDITIONAL PERTINENT INFORMATION.															

80. NARRATIVE	
DATE & TIME OF OCCURRENCE: 26 January 1986 at 1423 Hours.	
DATE & TIME OF ASSIGNMENT: 28 January 1986 at 1400 hours.	
DATE & TIME OF ARRIVAL: 28 January 1986, at 1900 hours.	
VICTIM: A-CHEM, 1322 N Western Avenue	
BUSINESS OWNER: PAUGA, John: M/2/62	
Address: 4221 N Lawndale, Phone: 539-9303	
BUILDING OWNER: Illinois Development Company	
6354 N Broadway Phone: 465-1030	

EXTRA COPIES REQUIRED (NO. & RECIPIENT) Normal		91. DATE THIS REPORT SUBMITTED - DAY MO. YR. 28 March 1986		92. SUPERVISOR APPROVING (PRINT NAME) STAR NO. J.M. Adams 1913	
93. REPORTING OFFICER (PRINT NAME) STAR NO. Det. DISTEL 10989		94. REPORTING OFFICER (PRINT NAME) STAR NO. [Signature]		95. DATE APPROVED (DAY-MO.-YR.) TIME 3 April 86 1020	

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35. R.D. NO.
H 037 064

CHEM-A
1322 N Western
Damage to Real Property/Fire

RD# H 037 064
28 March 1986

INCIDENT:

Fire Investigation - a 1 story brick with truss roof building located at 1322 N Western in which a fire occurred in an apparently accidental manner.

CAUSE & ORIGIN:

Examination of the scene revealed that the fire originated in laboratory area located in the east section of the building at about the north/south mid-point. In this room a work counter was observed with a hole burned through the top. This appears to be the point of origin due to the intensity, fire flow, and being the lowest point of burning not attributable to fall down.

DAMAGE:

EXTENSIVE in that the structure's roof collapsed.

MOTIVE:

None discovered.

PERSON CALLING FIRE DEPT:

On view, CFD ENG. 57.

WITNESSES:

None

INSURANCE INFORMATION:

No insurance on building or business per Attorney Robert ZAPOLIS.

WEATHER/LIGHTING:

Daylight/clear.

EVIDENCE:

None

FIRE OFFICIAL IN CHARGE:

6th Batt. Chief MONTEGOMERY

OTHER PERSONS INTERVIEWED:

LENZ, Joe; M/W, 1338 N. Western
Phone: EV4-9000.

KING, David; M/B/45 DOB
Address: ~~4221 N Lawndale~~ 150 W. 158th ST, Harvey, Illinois
Phone: 339-3070
JERRY JOHNSON SR.

ZAPOLIS, Robert; M/W (Attorney for Victim)
Address: 3208 W. 95th Street
Evergreen Park, Illinois Phone: 423-8330

INVESTIGATION:

Reporting Detective was assigned this case by the 2nd Watch, Watch Commander as an

**BOMB-ARSON
CLOSED**

CHEM-A
1322 N Western
Damage to Real Property/Fire

RD# H 037 064
28 March 1986

INVESTIGATION CON'T:

Arson Hot Line #86-1-1 investigation.

In summary, Reporting Detective contacted Mr. David KING who called in the arson hot line information. He related that he was employed by the subject business but he quit about 2 weeks ago because he was accused of stealing. He related that Joe LENZ who operates a neighboring business saw the owner of the subject business, John PAUGA, start the fire. The reason he gave for the fire was that he was the only person who knew how to mix the chemicals and with him the business could not survive.

Reporting Detective contacted Joe LENZ and he related, in summary, that he observed Mr. PAUGA in front of the subject business yelling fire. Mr. LENZ went into his shop and called the Fire Department but when he exited his shop the Fire Department was already on the scene. Mr. LENZ had no further information.

Reporting Detective contacted DECKELMANN of O.F.I. and he related that he has reclassified this fire from undetermined to accidental. It was learned that Mr. PAUGA told him that he was at work to test a new compound and do some paper work. He put the new product believed to be Benzul Chloride and Ammonia on a hot plate in the laboratory and went into the office area to type a letter. He, then, heard a whoosing sound and went to the laboratory and observed the fire at the hot plate going up the wall. He attempted to extinguish the fire to no avail, called 911 and came out of the building.

DECKELMANN related that the scene was consistent with Mr. PAUGA'S story in that they found a 2 burner hot plate with one burner on and the other in the off position at the point of origin and that they also found an empty fire extinguisher near the point of origin.

Mr. John PAUGA, the business owner, was contacted and he related essentially the same story of the incident. When asked he related that he has no insurance to cover his loss and has had no problem with anyone except an employer, Mr. JOHNSON, (Mr. KING) who quit because they believed he was stealing from the company and informed him of this.

Lab Tech. Bill Tyrell was contacted and he related that Benzyl Chloride has a flash point of 153 degrees F. and is combustible at 1,086°F.

Reporting Detective went to the scene and conducted a cause and origin as indicated in that category.

Reporting Detective attempted to recontact Mr. PAUGA and was referred to his attorney, Robert ZAPOLIS.

Mr. ZAPOLIS was contacted and it was learned that Mr. PAUGA died of a heart attack on 11 February 1986. Mr. ZAPOLIS related

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BOMB-ARSON
CLOSED

CHEM-A
1322 N Western
Damage to Real Property/Fire

RD# H 037 064
28 March 1986


INVESTIGATION CON'T:

that he has handled Mr. PAUGA'S estate and
that there is no insurance on the business
to cover the loss nor is there any insurance on the building to the best of his
knowledge.

In view of the above facts and the fact that
no criminal intent has been established, Reporting Detective requests that this
case remain classified Damage to Real Property and closed pending the receipt of
contrary information.


Detective Dale Distel, Star #10989
Bomb and Arson Section

APPROVING SERGEANT:

 #1913

BOMB-ARSON
CLOSED

H- 37064

STREET

APT. NO.

5 FIRE RELATED

DATE OF OCCURRENCE - TIME

SEAT OF WATER SEAT/UNIT AREA

TYPE OF LOCATION OR PREMISE WHERE OFFENSE OCCURRED (GIVE NAME OF LOCATION IF APPLICABLE)

LOCATION CODE

11. DATE R.O. ARRIVED - TIME

2. ASSIGNED BY

Alcos

209261861334

2 ON VIEW

1 SUPERVISOR

All information, descriptions and statements in this entire report are approximations or summarizations unless indicated otherwise.

71. DESCRIBE PROPERTY IN NARRATIVE													T - TAKEN; R - RECOVERED												
1. MONEY		2. JEWELRY		3. FURS		4. CLOTHING		5. OFFICE EQUIPMT.		6. TV, RADIO, STEREO		7. HOUSEHOLD GOODS		8. CONSUM. GOODS		9. FIREARMS		10. Narc./Dang. Drugs		11. OTHER		12. NON			
<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R	<input type="checkbox"/> T \$	<input type="checkbox"/> R		
72. VEHICLE/TRAILER		YEAR	MAKE	BODY STYLE	COLOR	V.I.N.	STATE LICENSE NO.			STATE	EXPIR. MO/YR	73. PROPERTY INVENTORY NO(S).			74. VEH. INVENTORY NO. POLICE										
<input type="checkbox"/> STOLEN	<input type="checkbox"/> THEFT FROM																								
<input type="checkbox"/> OFFENDER'S																									

EXTRA COPIES REQUIRED NORMAL		<input checked="" type="checkbox"/> CONT'D. <input type="checkbox"/> OTHER SIDE		92. OFFICER NOTIFYING FOLLOW-UP INVESTIG. UNIT		UNIT NOTIFIED		PERSON <input type="checkbox"/> NOTIFIED <input type="checkbox"/> ARRIVED		DATE (DAY-MO-YR) -		TIME	
93. FIRST OFFICER AT SCENE		<input checked="" type="checkbox"/> P.R.O.		94. OFFICER NOTIFYING <input type="checkbox"/> 1ST D.S. <input type="checkbox"/> E.T. <input type="checkbox"/> M.E.		PERSON <input type="checkbox"/> NOTIFIED <input type="checkbox"/> ARRIVED		DATE (DAY-MO-YR) -		TIME			
95. REPORTING OFFICER'S NAME (PRINT)		STAR NO.		OFFICER'S SIGNATURE		DATE AND TIME		97. SUPERVISOR APPROVING (PRINT NAME)		STAR NO.			
H. DANKER		7945		H. Danker		26 JAN 86 1500		J. H. Baker		1938			
96. REPORTING OFFICER'S RANK (PRINT)		STAR NO.		OFFICER'S SIGNATURE				APPROVAL SIGNATURE		DATE APPROVED -		TIME	
M. JOHNSON		1945		M. Johnson				J. H. Baker		26 JAN 86		1530	

~~FOUO~~ B/03

POLICE UNITS ON SCENE B- 1490, 1430, 1420, 1472, 1424, 1412.

#037064

I HAVE REVIEWED THIS REPORT
AND BY MY SIGNATURE INDICATE
THAT IT IS ACCEPTABLE.

SUPERVISOR'S SIGNATURE

[Signature]

DATE (DAY-MO-YR.)

26 JAN 80

FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY

1 UCR OFFENSE CODE <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REVISED	REV CODE	1 UCR METHOD CODE	METHOD ASSIGNED <input type="checkbox"/> 1 FIELD <input type="checkbox"/> 2 ADMIN. <input type="checkbox"/> 3 SUMMARY	UNIT NO.	OFFICER ASSIGNED STAR NO.	DATE ASSIGNED	SUPV. STAR NO.	INVESTIGATIVE FILE <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	REASSIGNED <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	
OFFICER REASSIGNED STAR NO.	DATE	STATUS <input type="checkbox"/> 3 CLEARED CLOSED <input type="checkbox"/> 4 CLEARED OPEN <input type="checkbox"/> 5 EXC. CLEARED OPEN	<input type="checkbox"/> 0 PROGRESS <input type="checkbox"/> 1 SUSPENDED <input type="checkbox"/> 2 UNFOUNDED <input type="checkbox"/> 6 EXC. CLAD. CLOSED <input type="checkbox"/> 7 CLOSED-NON-CRIMINAL	IF CASE IS CLEARED, HOW CLEARED (USE THIS BOX FOR SINGLE CLEAR UP OR FIRST CLEAR UP OF MULTIPLE CLEAR UP LIST) <input type="checkbox"/> 1 ARREST & PROSECUTION <input type="checkbox"/> 2 DIRECTED TO FAMILY COURT <input type="checkbox"/> 3 COMPL. REFUSED TO PROSECUTE <input type="checkbox"/> 4 COMMUNITY ADJUSTMENT <input type="checkbox"/> 5 OTHER EXCEPTIONAL						<input type="checkbox"/> ADUL <input type="checkbox"/> JUV
VICTIM IDENTIFIER <input type="checkbox"/> 1 CORRECT <input type="checkbox"/> 2 REVISED	VICTIM NO.	REVISED NAME	REVISED ADDRESS		REVISED PHONE NO. <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS					
VALUE OF PROPERTY TAKEN/RECOVERED	<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED	FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE REVERSE THE NARRATIVE OR A SUPPLEMENTARY REPORT.								
1 MONEY <input type="checkbox"/> T \$ <input type="checkbox"/> R	2 JEWELRY <input type="checkbox"/> T \$ <input type="checkbox"/> R	3 FURS <input type="checkbox"/> T \$ <input type="checkbox"/> R	4 CLOTHING <input type="checkbox"/> T \$ <input type="checkbox"/> R	5 OFFICE EQUIPMT <input type="checkbox"/> T \$ <input type="checkbox"/> R	6 TV, RADIO, STEREO <input type="checkbox"/> T \$ <input type="checkbox"/> R	7 HOUSEHOLD GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R	8 CONSUM. GOODS <input type="checkbox"/> T \$ <input type="checkbox"/> R	9 FIREARMS <input type="checkbox"/> T \$ <input type="checkbox"/> R	10 NARC/DANG. DRUGS <input type="checkbox"/> T \$ <input type="checkbox"/> R	11 OTHER <input type="checkbox"/> T \$ <input type="checkbox"/> R
SERIAL NOS. OR IDENTIFICATION NOS.	<input type="checkbox"/> 1 DNA <input type="checkbox"/> 2 VERIFIED <input type="checkbox"/> 3 CORRECTED	LIST ALL CORRECTIONS & NEW OR ADDITIONAL NOS. OBTAINED								

REMARKS (PERTINENT INFORMATION NOT ON ORIGINAL REPORT)

PREPARED BY - SIGNATURE

STAR NO.

DATE (DAY-MO-YR.)

APPROVED BY - SIGNATURE

STAR NO.

DATE (DAY-MO-YR.)